Fill in this information to	identify your case:	
Debtor 1	Lyonel Jean-Louis	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	cy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
	2-BK-00455-HWV	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

ar	Describe Employment			
	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Fundament status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	mechanic	clerk
	Include part-time, seasonal, or self-employed work.	Employer's name	Foumi Tires and Auto	Oasis Outsourcing
	Occupation may include student or homemaker, if it applies.	Employer's address	2327 North 7th Street Harrisburg, PA 17110	2054 Vista Parkway, Suite 300 West Palm Beach, FL 33411
		How long employed the	here? 1 year	15 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				TOI DEDIOI I		filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$	2,694.62
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$_	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	0.00	\$_	2,694.62

Official Form 106I Schedule I: Your Income page 1 Case 1:22-bk-00455-HWV Desc

For Dobtor 1 For Dobtor 2 or

Debtor 1 Lyonel Jean-Louis Case number (if known) 1:22-BK-00455-HWV For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 0.00 \$ 2,694.62 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 0.00 482.91 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. **Union dues** 5q. 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 \$ Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 482.91 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 7. \$ 0.00 2,211.71 List all other income regularly received: Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 0.00 8b. Interest and dividends 8b. 2,370.87 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 8e. **Social Security** 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. Pension or retirement income \$ \$ 8g. 0.00 0.00 Other monthly income. Specify: Federal Tax Refund Pro Rata 8h.+ \$ 8h. \$ 0.00 99.92 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 0.00 2,470.79 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 2,470.79 \$ 2 211 71 \$ 4.682.50 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 4,682.50 12. applies

Do you expect an increase or decrease within the year after you file this form?

No.	
Yes. Explain:	

Combined monthly income

Schedule I: Your Income Official Form 106I page 2 Entered 02/20/25 16:17:17 Case 1:22-bk-00455-HWV Doc 48 Filed 02/20/25 Desc

Page 2 of 4

Main Document

Filli	n this information	to identify vo	our case:					
Debt		yonel Jean-				Ch	eck if this is: An amended filing	a
Debt	tor 2						•	owing postpetition chapter
	ouse, if filing)							of the following date:
Unite	ed States Bankrupto	cy Court for the	: MIDDLI	E DISTRICT OF PENNSYL	_VANIA		MM / DD / YYYY	
	e number 1:22-	BK-00455-l	HWV					
	· _	4001						
	ficial Forn chedule J		 Exper	ises				12/1:
Be a info num	as complete and ormation. If more nber (if known).	l accurate as space is ne Answer eve	possible eded, atta ry questio	. If two married people ar				for supplying correct
Part 1.	1: Describe Is this a joint c	Your House ase?	hold					
	■ No. Go to lin □ Yes. Does D		in a separ	ate household?				
	□ No □ Yes.	Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	ebtor 2.	
2.	Do you have de	ependents?	■ No					
	Do not list Debto Debtor 2.	or 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the dependents nar							□ No □ Yes
3.	Do your expen expenses of pe yourself and yo	ople other t	han $_{m \Box}$	No Yes				_ □ Yes
exp	imate your expe	Your Ongoinses as of yearte after the I	our bankr	uptcy filing date unless y	ou are using this follower that are using the following the second secon	orm as a s	supplement in a Cl the box at the top	hapter 13 case to report of the form and fill in the
the		ssistance an		government assistance i cluded it on Schedule I: \			Your ex	penses
4.	The rental or h			ses for your residence. I	nclude first mortgage	e 4.	\$	1,226.34
	If not included	in line 4:						
	4a. Real esta	te taxes				4a.	\$	0.00
		homeowner's	s, or renter	's insurance		4b.	· ·	0.00
				upkeep expenses		4c.	·	40.00
			•	dominium dues		4d.	·	0.00
5				our residence, such as ho	mo oquity loons	5	¢	0.00

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1	Lyonel Jean-Louis	Case num	ber (if known)	1:22-BK-00455-HWV
6. Utilit	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	295.00
6b.	Water, sewer, garbage collection	6b.	\$	125.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	250.00
6d.	Other. Specify:	6d.	\$	0.00
7. Foo	d and housekeeping supplies	7.	\$	750.00
8. Chile	dcare and children's education costs	8.	\$	0.00
9. Clot	hing, laundry, and dry cleaning	9.	\$	85.00
10. Pers	onal care products and services	10.	\$	35.00
11. Med	ical and dental expenses	11.	\$	107.00
	sportation. Include gas, maintenance, bus or train fare.	40	Ф.	280.00
	ot include car payments.	12.	·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	· -	79.00
	ritable contributions and religious donations	14.	\$	0.00
15. Insu				
	ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	•	0.00
	Health insurance	15a. 15b.	·	0.00
	Vehicle insurance	15b. 15c.	·	0.00
		15d.	· —	90.00
	Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20.	15u.	Φ	0.00
Spec	sify:	16.	\$	0.00
	allment or lease payments:			
	Car payments for Vehicle 1	17a.	· —	0.00
	Car payments for Vehicle 2	17b.		0.00
	Other. Specify:	17c.	*	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	i 18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.	·	0.00
	er real property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21. Oth e	er: Specify:	21.	+\$	0.00
22. Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	3,362.34
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	-,
	Add line 22a and 22b. The result is your monthly expenses.		\$	3,362.34
23. Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,682.50
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,362.34
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,320.16
For e modif				ease or decrease because of a
	es. Explain here:			